

9PL0122XW9

# WISCONSIN MOTOR VEHICLE CRASH REPORT

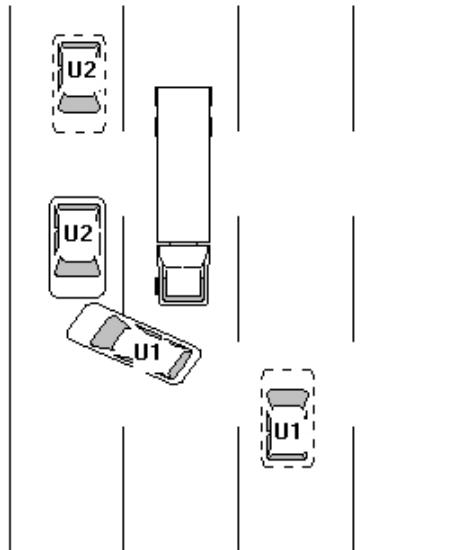
REEDSBURG POLICE DEPARTMENT  
200 SOUTH PARK STREET  
REEDSBURG, WI 53959  
(608) 524-2376

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-10298</b>		Investigating Officer/Deputy <b>OFFICER J. SCHAEFER</b>	
Crash Date <b>08/21/2020</b>		Crash Time <b>01:09 PM</b>		Date Arrived <b>08/21/2020</b>		Time Arrived <b>01:15 PM</b>	
Date Notified <b>08/21/2020</b>		Time Notified <b>01:10 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram



Reconstruction By

Photos By

OFC SCHAEFER

Additional Information  
PHOTOS

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT #1 WAS STOPPED IN TRAFFIC WAITING TO MAKE A LEFT HAND TURN INTO A PARKING LOT. HE SAID AN UNIDENTIFIED SEMI TRUCK WITH A TRAILER WAS WAITING TO MAKE A LEFT HAND TURN AND BLOCKING HIS VIEW OF THE INSIDE LANE FOR EASTBOUND TRAFFIC. HE SAID THE SEMI DRIVER WAIVED HIM TO TURN. HE SAID HE ASSUMED THE SEMI DRIVER CHECKED THE MIRRORS AND THE INSIDE LANE WAS CLEAR. HE SAID AS HE TURNED HE COLLIDED WITH UNIT #2. BOTH DRIVER'S STATED THEY DIDN'T GET A PLATE OR DESCRIPTION OF THE SEMI OR TRAILER.

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**Location**

ON 1500 KING ST 5 FT S OF MAIN ST/ STH23 WB (HOUSE/BUILDING 1500)  IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532456326</b>	Longitude <b>-89.986447545</b>
	X Coordinate <b>258686.265625</b>	Y Coordinate <b>4824279.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>L-INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

**Vehicle**

UNIT 01 VEHICLE	License Plate Number <b>ABS7386</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G1ZD5ST6JF165364</b>		Make <b>CHEVROLET</b>	Year <b>2018</b>	Model <b>MALIBU</b>
	Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>01 - RIGHT FRONT CORNER</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>KYLE HUNTER CRARY (608) 393-7685</b>		Owner Address <b>E3858 W HILLPOINT RD HILLPOINT, WI 53937 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>KYLE CRARY</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>KYLE HUNTER CRARY (608) 393-7685</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth <b>04/10/1998</b>		Race <b>WHITE</b>		
		Address <b>E3858 W HILLPOINT RD HILLPOINT, WI 53937 , US</b>		Driver License Number <b>C6605089813004</b> STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment				
UNIT	INDIVIDUAL	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
UNIT	INDIVIDUAL	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
UNIT	INDIVIDUAL	Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
UNIT	INDIVIDUAL	Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

UNIT	02	Unit Status	Unit Operating As Classification		Unit Type	
		IN TRANSIT		D CLASS	AUTOMOBILE	
		Vehicle Type			Operating As Endorsements	
		PASSENGER CAR				
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
		2		0	0	0
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
		YES	WESTBOUND		25	2
Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use		
MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION		NOT APPLICABLE		
Traffic Way		Traffic Control		Traffic Control Inoperative/Missing		
TWO-WAY, NOT DIVIDED		NO CONTROL		NO		
Surface Type		Road Curvature		Road Grade		
BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL		
Truck Bus or HazMat						
NO						
UNIT	02	VEHICLE				
		License Plate Number	Plate Type	St	Country of Issuance	
		727ZPA	AUT - AUTOMOBILE	WI	UNITED STATES	
		Vehicle Identification Number	Make	Year	Model	
		5XXGN4A73FG377688	KIA MOTORS CORPORA	2015	OPTIMA EX	
		Color	Body Style		Bus Use	
		BLU - BLUE	4D - 4DR			
		Initial Contact Point	Vehicle Damage			
12 - FRONT						
Extent Of Damage	12 - FRONT					
FUNCTIONAL DAMAGE						
Towed Due To Damage	Vehicle Removed By					
NOT TOWED	OPERATOR					

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>JODY BERT DREGNEY (608) 495-5583</b>	Owner Address <b>E5967 FRISKE DR REEDSBURG, WI 53959 , US</b>	
UNIT 02	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>TYLER DREGNEY</b>	
	<b>Individual</b>		
	Driver <b>TYLER MICHAEL DREGNEY (608) 495-5583</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>06/11/1995</b>	Race <b>WHITE</b>
	Address <b>E5967 FRISKE DR REEDSBURG, WI 53959 , US</b>	Driver License Number <b>D6258139521108</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance		
UNIT 002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action								
		Action								
		Action Other		To/From School						
		<b>Drug &amp; Alcohol</b> <table border="1"> <tr> <td>Suspected Alcohol Use</td> <td colspan="2">Suspected Drug Use</td> </tr> <tr> <td>NO</td> <td colspan="2">NO</td> </tr> </table>			Suspected Alcohol Use	Suspected Drug Use		NO	NO	
		Suspected Alcohol Use	Suspected Drug Use							
		NO	NO							
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results						
		TEST NOT GIVEN								
		Drug Test Given	Drug Test Type	Drug Test Results						
		TEST NOT GIVEN								
Drug Type										
Individual Condition										
APPEARED NORMAL										
UNIT	INDIVIDUAL	<b>Individual</b>								
		Passenger	Citations Issued	Sex						
		PAMELA CATHERINE DREGNEY	0	FEMALE						
			Date of Birth	Race						
			07/16/1969	WHITE						
		Address	Driver License Number							
		E5967 FRISKE DR	D6256636975603							
		REEDSBURG, WI 53959 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		Safety Equipment								
		On Duty Crash	Safety Equipment							
Row	Seat Position	SHOULDER & LAP BELT								
01 - FRONT ROW	07 - LEFT									
Helmet Use	Helmet Compliance									
Eye Protection	Tint Compliance									
UNIT	INDIVIDUAL	<b>Injury</b>								
		Injury Severity	Airbag							
		NO APPARENT INJURY	NON DEPLOYED							
		Ejected	Ejection Path	Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED						
		Medical Transport	EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED								
		Hospital	Date of Death	Time of Death						
		Distracted By								
		Distracted By Source								
Distracted By Action										
UNIT	INDIVIDUAL	<b>Non Motorist</b>								
		Striking Unit #	Location							
Prior Action										

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UNIT 02	INDIVIDUAL 003					
		Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		
				Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				